

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000048818

1. Limited Liability Company's Name

TONY KART FLORIDA LLC

2. Principal Office Address - No P.O. Box #

1449 JUPITER PARK DRIVE

Suite, Apt. #, etc.

16

City & State

JUPITER, FL

Zip

33458

Country

US

3. Mailing Office Address

1449 JUPITER PARK DRIVE

Suite, Apt. #, etc.

16

City & State

JUPITER, FL

Zip

33458

Country

US

4. State/Country of Formation

FLORIDA - US

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

204878185

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CAMILLA WIKELL

Street Address (P.O. Box Number is Not Acceptable)

1449 JUPITER PARK DRIVE

Suite, Apt. #, Etc.

16

City

JUPITER

State

FL

Zip Code

33458

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 06/08/2010

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| MGR | ANDRE MARTINS | 2627 W. COMMUNITY DRIVE | JUPITER FL 33458 |
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| | | | |
| | | | |
| | | | |
| | | | |

JB

REINSTATEMENT 2008-10

11. E-mail Address: amartins@me.com

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Date 06/08/2010

Daytime Phone # 954-336 1768

Typed or printed name of signing Managing Member/Manager ANDRE MARTINS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
10 JUN 18 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 11, 2010

TONY KART FLORIDA LLC
1449 JUPITER PARK DRIVE #16
JUPITER, FL 33458

SUBJECT: TONY KART FLORIDA LLC
Ref. Number: L06000048818

We have received your document for TONY KART FLORIDA LLC and your check(s) totaling \$243.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2008 through 2010; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$516.25.

We need an additional check in the amount of \$277.50

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 110A00014496